

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------|------------------------|
| <p>Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information if it does not display a valid OMB control number.</p> <p>Effective on 12/08/2004.</p> <p>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p>FEE TRANSMITTAL</p> <p>For FY 2008</p> | | <p>Complete if Known</p> | |
| | | Application Number | 10/578,829-Conf. #5244 |
| | | Filing Date | May 10, 2006 |
| | | First Named Inventor | Takayuki HONDA |
| | | Examiner Name | R. A. Rose |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit | 3723 |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 180.00 |
| | | Attorney Docket No. 0965-0466PUS1 | |

METHOD OF PAYMENT (check all that apply)

| | | | | |
|-------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------|-------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> | | | | Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch,</u> |

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| <u>Application Type</u> | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | <u>Fees Paid (\$)</u> |
|-------------------------|-----------------|---------------------|-----------------|---------------------|------------------|---------------------|-----------------------|
| | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

| | | |
|----------------------------------------------------|-----|-----|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 210 | 105 |
| Multiple dependent claims | 370 | 185 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | |
|-------------------------------------------------------------------|--------------|----------|---------------|---------------------------|---------------|
| 3 | - 20 = | x | = | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Fee (\$) | Fee Paid (\$) |
| 3 | - 3 = | x | = | | |

HF = Highest Number of independent

3. APPLICATION SIZE FEE
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
 $\frac{\text{Total Sheets}}{100} - 100 =$ _____ /50 = _____ (round up to a whole number) x _____ = _____
Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00

SUBMITTED BY

SUBMITTED BY
Signature Robert Downe #48222 Registration No.
(Attorney/Agent) 29,271 Telephone (703) 205-8000
Name (Print/Type) Charles Gorenstein Date November 20, 2007